

Amendment No. 2
Contract No. QJ309

THIS AMENDMENT, entered into between the State of Florida, Department of Revenue, hereafter referred to as the "Department" and Leon County, hereafter referred to as the "Provider" or "County", is hereby amended as follows:

1. Pages 14 - 15, Attachment A, Section C., Item 7. entitled "Budget" is hereby amended to read as follows:

7. Budget

Approved Budget Period: 7/1/03 - 6/30/04

Personnel

Salaries

Hearing Officer \$78,709.75

Assigned to program 1.0 FTE

Administrative Secretary \$28,028.37

Assigned to program 1.0 FTE

Assigned to program FTE \$

Subtotal Salaries \$106,738.12

Fringe Benefits

Retirement at 7.30% \$7,791.88

Social Security at 7.65% \$8,165.47

Group Insurance 1.0/FTE/year \$7,596.40

Life Insurance n/a/FTE/year \$0.00

Worker's Comp. 2.0/FTE/year \$428.23

Unemployment Comp. n/a/FTE/year \$0.00

Subtotal Benefits 23,981.98

Total Personnel \$130,720.10

Expenses

Travel	<u>\$0.00</u>
Expendable Office Supplies	<u>\$192.60</u>
Communications	<u>\$0.00</u>
Telephone	<u>\$76.59</u>
Postage	<u>\$96.66</u>
Equipment Rental and Maintenance	<u>\$435.18</u>
Printing and Reproduction	<u>\$0.00</u>
Short-term Training, Education and Conferences	<u>\$0.00</u>
Total Expenses	<u>\$801.03</u>
 Non-Expendable Property	 <u>\$0.00</u>
Indirect Cost	<u>\$0.00</u>
* * *	
Grand Total (includes County/FFP match)	<u>\$131,521.13</u>
34% County Match (Total County match)	<u>\$44,717.15</u>
66% Reimbursement from DOR/CSE (Total FFP)	<u>\$86,803.95</u>

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This amendment is effective on the date which the amendment has been signed by both parties.

All provisions in the contract and any attachments hereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS WHEREOF the parties hereto have caused this 3 page amendment to be executed by their undersigned officials as duly authorized.

PROVIDER: Leon County

STATE OF FLORIDA
DEPARTMENT OF REVENUE

Signed by: _____

Signed by: _____

Name: Jane G. Sauls

Name: Nancy Kelley Wittenberg

Title: Chairman, Board of County
Commissioners

Title: Director of Administrative Services

Date: _____

Date: _____

Federal ID Number: 59-6000708
(or SSN for individual)

Approved as to Form and Legal Content
General Counsel, Department of Revenue

Provider Fiscal Year End Date: September 30

ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

APPROVED AS TO FORM:
Leon County Attorney's Office

BY: _____

BY: _____
Herbert W. A. Thiele, Esq.
County Attorney